

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

10800306

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*

(37 CFR 1.16(d))	minus 3 =	*
------------------	-----------	---

MULTIPLE DEPENDENT CLAIM PRESENT	(37 CFR 1.16(d))
----------------------------------	------------------

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY

OR	OTHER THAN SMALL ENTITY
RATE	Fee
OR	\$
OR	X \$ =
TOTAL	TOTAL

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total (37 CFR 1.16(c))	16	** 20	=
Independent (37 CFR 1.16(d))	3	Minus	*** 3	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

SMALL ENTITY

OR	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE
X \$ =	
TOTAL ADD'L FEE	TOTAL ADD'L FEE

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total (37 CFR 1.16(c))		**	=
Independent (37 CFR 1.16(d))		Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

OR	ADDITIONAL FEE
X \$ =	
TOTAL ADD'L FEE	TOTAL ADD'L FEE

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total (37 CFR 1.16(c))		**	=
Independent (37 CFR 1.16(d))		Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

OR	ADDITIONAL FEE
X \$ =	
TOTAL ADD'L FEE	TOTAL ADD'L FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" in THIS SPAN is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" in THIS SPAN is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is granted by 37 CFR 1.107 and 37 CFR 1.14. This collection of information is required to complete the following: preparing and submitting the continuing application, and the USPTO form will vary depending upon the individual case. Any comment on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number
10600306

CLAIMS AS FILED – PART I

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(b))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 c	

SMALL ENTITY	
RATE	Fee
	\$ _____
X \$ _____ c	
A \$ _____ =	
+ \$ _____ =	
TOTAL	

CHARGE/ENTRANCE	
RATE	FEES
	\$ _____
X \$ _____ =	_____
X \$ _____ =	_____
+ \$ _____ =	_____
TOTAL	

* If the difference in column 1 is less than zero, enter '0' in column 2.

CLAIMS AS AMENDED - PART II

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	16	Minus	20
	Independent (37 CFR 1.16(b))	3	Minus	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	
AD'L FEE	

OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADDITIONAL FEE	

		(Column 1)	(Column 2)		(Column 3)
AMENDMENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	•	Minus	**	=
	Independent (37 CFR 1.16(t))	•	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(c))				

RATE	ADDITIONAL FEE
X \$ ____ =	
X \$ ____ =	
+ \$ ____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
.	
$\times \$ \underline{\hspace{2cm}} =$	
$\times \$ \underline{\hspace{2cm}} =$	
$+ \$ \underline{\hspace{2cm}} =$	
TOTAL ADD'L FEE	

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	
Total (2 CFR 116.41)	*	Minus	..		=	
Independent (2 CFR 116.41)	*	Minus	...		=	

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
X \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ ____ =	
X \$ ____ =	
+ \$ ____ =	
<u>TOTAL ADD'L FEE</u>	

* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.

** If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter '20'.

*** If the 'Highest Number Previously Paid for' IN THIS SPACE is less than 20, enter '20'.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimate 11.0 (at 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary, depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-P1Q 7199 and select option 2.